



Application for Additional Test Report Forms

An Asterisk (*) denotes required information. Please type or print legibly.

Candidate Information	
*Family Name:	<input type="text"/>
*First Name(s):	<input type="text"/>
*Address:	<input type="text" value="Apt."/> <input type="text" value="Street"/>
	<input type="text" value="City"/> <input type="text" value="Province/State"/> <input type="text" value="Postal Code/Zipcode"/>
*Tel. No:	<input type="text"/>
*Email:	<input type="text"/>
*Date of Birth:	<input type="text"/>
*Passport or PR Card Number:	<input type="text"/> (this document must be shown before a TRF can be issued)

Test Information	
Centre Number:	<input type="text" value="CA050"/>
Centre name:	<input type="text" value="ILAC IELTS Vancouver"/>
Candidate Number:	<input type="text"/>
Location:	<input type="text"/>
*Test Date:	<input type="text"/>

Institution Information	
A Name of Person/Department:	<input type="text"/>
Name of College/University/Organization:	<input type="text"/>
Address of Institution:	<input type="text" value="Suite"/> <input type="text" value="Street"/>
	<input type="text" value="City"/> <input type="text" value="Province/State"/> <input type="text" value="Postal Code/Zipcode"/>
Application/Student Number:	<input type="text"/>
Courier Required:	Yes <small>Courier to Canada</small> Yes <small>Courier to USA</small> Yes <small>Courier Internation</small> No <small>Electronic or Canada Post</small>
B Name of Person/Department:	<input type="text"/>
Name of College/University/Organization:	<input type="text"/>
Address of Institution:	<input type="text" value="Suite"/> <input type="text" value="Street"/>
	<input type="text" value="City"/> <input type="text" value="Province/State"/> <input type="text" value="Postal Code/Zipcode"/>
Application/Student Number:	<input type="text"/>
Courier Required:	Yes <small>Courier to Canada</small> Yes <small>Courier to USA</small> Yes <small>Courier Internation</small> No <small>Electronic or Canada Post</small>

Institution Information cont.					
C	Name of Person/Department:	<input type="text"/>			
	Name of College/University/Organization:	<input type="text"/>			
	Address of Institution:	Suite	<input type="text"/>		
		City	Province/State	Postal Code/Zipcode	
		<input type="text"/>			
	Application/Student Number:	<input type="text"/>			
Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>	No <small>Electronic or Canada Post</small>	
D	Name of Person/Department:	<input type="text"/>			
	Name of College/University/Organization:	<input type="text"/>			
	Address of Institution:	Suite	<input type="text"/>		
		City	Province/State	Postal Code/Zipcode	
		<input type="text"/>			
	Application/Student Number:	<input type="text"/>			
Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>	No <small>Electronic or Canada Post</small>	
E	Name of Person/Department:	<input type="text"/>			
	Name of College/University/Organization:	<input type="text"/>			
	Address of Institution:	Suite	<input type="text"/>		
		City	Province/State	Postal Code/Zipcode	
		<input type="text"/>			
	Application/Student Number:	<input type="text"/>			
Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>	No <small>Electronic or Canada Post</small>	
F	Name of Person/Department:	<input type="text"/>			
	Name of College/University/Organization:	<input type="text"/>			
	Address of Institution:	Suite	<input type="text"/>		
		City	Province/State	Postal Code/Zipcode	
		<input type="text"/>			
	Application/Student Number:	<input type="text"/>			
Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>	No <small>Electronic or Canada Post</small>	

I will use my own credit card

*Complete the Credit Card Authorization from below

Someone else will pay for me

*Download and complete a different Credit Card Authorization form.



TRF Payment Form

Return to: info@ilacielts.com

IELTS
The test
you can
trust

Candidate First Name:

Candidate Last Name:

E-mail:

Additional Test Report Form (TRF)

For requesting additional results to be sent to your home address or an academic institution of your choice

	Price	Quantity	Total
TRF/Results			
Tax @ 5%			
Total			

Card Holder's First Name:

Card Holder's Last Name:

Card Holder's Address + Postal Code:

Credit Card:

MasterCard

Visa

Credit Card Number:

Expiry Date:

I authorize ILAC to charge

to the above credit card.

CVV:

Card Holder's Signature: _____

Date: _____

For Office Use Only

Receipt No.:

Date:

Administrator: